ABSTRACT

A system and method of determining and preventing fraud in the posting of medical insurance claims in which a clearing house is established for receiving information transmitted from a plurality of providers administering treatment covered by various insurance plans. For example, the clearing house would monitor the information provided by each of the providers to determine whether the providers submitted multiple claims for a particular period of time. The clearing house would also determine whether other inappropriate claims were made by the providers. If the clearing house determines that the treatments were proper, the providers would be paid by the clearing house in a timely manner.